

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		101 →	1		
2			102 →	1		
3				1		
4				1		
5				1		
6			1			
7			1			
8			1			
9	1		1			
10			1			
11	1		1			
12	1		1			
13	1		1			
14		1	1	1		
15		1	1	1		
16	1	1	1	1		
17	1		1			
18	1		1			
19	1		1			
20	1		1			
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39	1	1	1			
40	1	1	1			
41	1	1	1			
42	1	1	1			
43	1		1			
44	1		1			
45	1	1	1			
46	1	1	1			
47	1	1	1			
48	1		1			
49	1					
50	1					
TOTAL IND.			60			
TOTAL DEP.			88			
TOTAL CLAIMS			148			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
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86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS